

# Barnes Bulletin

Barnes Hospital, St. Louis, Missouri, January, 1978, Volume XXXII, Number 1

## Board votes increase in employe wages

The Barnes board of directors has approved a general wage increase for hospital employes, bringing the minimum wage in the hospital to \$3.21 per hour and increasing the hourly wage for most employes. The increase went into effect with the first payday in January.

Hospital President Robert E. Frank, in making the announcement, said the increase in the minimum wage represents an increase of 7 percent. All other pay grades will also be increased, with a minimum increase of 5% for most employes at the top steps of their present pay grade.

"The wage increase reflects the hospital's concern that its employes' salaries keep pace with the rising cost of living," Mr. Frank said. "We recognize our efficiency in keeping overall costs down depends in great part on the extra effort which employes put out to provide the best medical care available anywhere."

## Social Security taxes rise for everyone

The rate of deduction for Social Security tax (FICA) will rise this month from 5.85 percent to 6.05 percent to take a bigger chunk from everyone's pay-check. In addition, the tax will be on the first \$17,700 each employe earns rather than the top of \$16,500, which was in effect in 1977. This means that the maximum deduction will go up more than \$100 from \$965.25 in 1977 to \$1,070.85 in 1978.

Employers match dollar for dollar each employe's contribution, so the total bill for Barnes Hospital will be more than \$2.3 million for 1978.

Under a law passed by Congress in December, deductions and the taxable wage base will continue to increase each year so that the maximum deduction in 1987 will be \$3,045.90 if no further increases are passed before then.

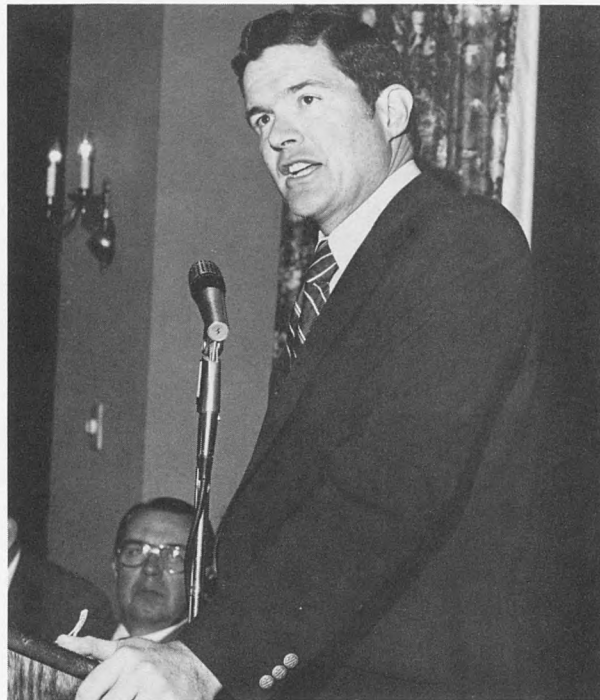
## Record number to graduate from nursing school

A record number of students will graduate from Barnes School of Nursing in ceremonies at the St. Louis Cathedral beginning at 7:30 p.m. on January 14.

Ninety-three students, including seven male nurses, make up this year's graduating class and of those, 43 have already been hired by Barnes Hospital's nursing service.

John Warmbrodt, Barnes executive vice-president, will present diplomas to the graduates, and Barbara Bradshaw, director of the School of Nursing, will present the pins. Carol Minor, president of Barnes Auxiliary, will make awards to students excelling in specific areas of nursing care.

**Front cover:** Pam Rall, head nurse of Barnes recovery rooms, and Vera Boyd, assistant head nurse of the East Pavilion recovery room, check on patient. (See story on pages 4 and 5.)



Governor Bond

## Former Gov. Bond speaks to Barnes Hospital Society

More than 150 Barnes doctors braved bitterly cold weather to hear former Missouri Governor Christopher S. Bond call for more individual leadership at the annual meeting of the Barnes Hospital Society December 7.

Gov. Bond, who was Missouri's chief executive from 1972 to 1976, is now president of the Great Plains Legal Foundation, a non-profit foundation which provides legal assistance in litigation for selected problems.

He said that government was becoming too powerful and the result is that local initiatives are losing their force. He called for the medical and legal professions to join together in providing leadership to find appropriate and reasonable answers to complex problems faced by the United States.

Gov. Bond said that many legislators are out of touch with the public. He said legislators seldom had to face the results of their actions because after legislation is passed, federal agencies formulate regulations for implementation, then courts interpret the legislation.

In a reference to his loss in 1976 in the state's governor's contest, Gov. Bond said, "Experience is what you get when you expect one thing and end up with something else. I had quite an experience last year."



## ICU renovation helps staff give special care

Just as illnesses vary, the type of care patients require also varies. Neurology patients, for instance, need rest in a quiet atmosphere with careful observation by medical and nursing staffs. Another step has just been completed on Barnes neurology floor, 11400, in a renovation project to complement this kind of specialized care.

The intensive care unit of that floor was completely remodeled. The medical staff, nursing staff and administration helped plan the renovation and Barnes own plant engineering staff made the physical changes. The "new" ICU is more attractive and, more importantly, gives nurses better visibility of their patients.

"We achieved better visual observation by relocating the nurses station in the unit," said Gloria Metzger, associate director of nursing. "Two isolation cubicles were added, too, something we did not have before."

Mrs. Metzger said the isolation cubicles have sliding glass doors that help reduce the external stimuli of a patient while still giving the staff full view of the patient. She said these cubicles are especially important in treating a patient with an aneurysm.

Other improvements made in the ICU include a lighting system change that imitates day and night. Having the room well lit during daytime hours and dimmer at night helps the patients orient themselves to the passage of time. Also, digital clocks with two-inch numerals were installed within easy view of each patient's bed.

"The nurses are very happy with the renovation," said Janet McNamara, head nurse on the floor. "The ICU is brighter so it is more cheerful for both patients and nurses." Bright vinyl wallpaper replaced the previous gray wall color.

Dr. William Landau, neurologist-in-chief, spoke for the doctors who work on 11400. "We think it's great. It helps us care for our most critically ill patients."

The ICU renovation was the second step in a total remodeling plan. The first step included the addition of three conference rooms for the medical staff and medical nursing staff, and relocation of the head nurse's office. The floor was divided into two nursing divisions, north and south, with a clinical nurse for each division. The first step was completed last year.





The sterilizers in central supply are expensive but essential pieces of equipment.

## Other costs rising faster than health care

Despite all the recent publicity about the escalating cost of medical care, the cost of many other essential items are rising much faster than health care. Measured by the Consumer Price Index, the cost of medical care had risen to 184.7 by the end of last year. (In other words, what cost a dollar in 1967 had increased to almost \$1.85.)

Based on the same scale, however, postal charges were at 222.3 and Social Security taxes were 308.2 in 1976 and 332.4 this year.

The cost of having a room painted was 225.6; having a sink replaced, 210.2; having the washing machine repaired, 200.4; or having an automobile fixed, 189.7. Blue jeans were at 190.0; coffee at 243.6; sugar, 201.3; chocolate candy bars, 233.5; potatoes, 200.1; whole ham, 199.6; seafood, 227.3; bacon, 210.4; and sausage, 226.6. Bathroom tissue was at 234.4; heating oil or coal, 250.8; and gas, 200.9.

These rises in various essentials are partly responsible for the increase in hospital costs, of course, because hospitals must also buy food, utilities, equipment and supplies. One study shows that the prices hospitals pay for needed goods and services are rising 50 percent faster than the overall cost of living. Only efficient management has enabled hospitals to keep costs in these areas from rising even faster than they have. Two large items are Social Security taxes and insurance. The hospital must match Social Security payments for each employee. Malpractice insurance alone has risen 1,996 percent in the last three years and has been kept that "low" only because Barnes became self-insured.

Another area over which the hospital has little control regarding rising costs is in complying with burgeoning government regulations that force the hospital to spend money for new management procedures concerned with medical audit and Medicare and Medicaid programs. (The cost of just eight federal regulations will add at least \$22 to each hospital bill this year, according to American Hospital Association president John McMahon.)

Theoretically, the hospital has a choice when it comes to expenditures for new and improved equipment. However, patients at a tertiary hospital such as Barnes have a right to expect the tools that will allow physicians here to take advantage of the latest technology and advancements to

fulfill their mission of delivering high-quality health care. In many instances, the availability of modern equipment or tests cuts days off a patient's hospital stay; in some cases new technology means the difference between extended invalidism and full recovery.

Even standard equipment wears out and must be replaced. Some of these costs are staggering. A steam sterilizer costs \$41,000; ultrasound equipment to monitor fetal life, \$19,000; a defibrillator, \$3,800; laminar air flow system for operating rooms, \$12,000; acute-care bed, \$1,147.

Salaries must keep pace with prices, and as general inflation has continued over the past several years, Barnes has felt an obligation to employees to help them keep even with rising prices. Consequently, cost-of-living increases were provided, increasing the overall payroll to \$33,434,802 in 1976 (up 9.1 percent over the previous year).

Long before the government became concerned about health care costs, Barnes had taken steps to minimize rate increases by operating more efficiently at all levels. "We have a responsibility to conscientiously use and care for equipment, eliminate waste and assure maximum value for the dollar when making purchases," said Robert E. Frank, Barnes president.

When Barnes was recognized earlier this year as one of the best-managed hospitals in the country, Mr. Frank commented that the cooperation of everyone at the hospital in curbing waste and working efficiently has contributed to keeping costs under control. "We owe our patients a continuing concern about costs along with a continuing pledge to deliver high-quality health care. We all must do our part and I believe we are," he commented.

"We all have a personal stake in this problem too. We all are health care consumers, and rising costs and insurance premiums affect people who work in hospitals just the same as anyone else," he added.

## Barnes helps youths explore health care

Young adults from area high schools are exploring careers in health care through the Boy Scouts of America and Barnes Hospital Explorer Post 9110.

Barnes sponsors the Explorer post and provides an advisor to coordinate the activities of the group. Although Explorers are connected with the Boy Scouts, the group includes both boys and girls ages 14 to 20.

Each year the Boy Scout Council conducts a survey of area young people and determines what career interests they want to pursue. Those who want to learn more about health care are invited to a Barnes Explorers meeting.

John Thompson, instructor in education and training, is the new advisor for the Explorer group here. "Exploring is very different from regular scouting," he said. "The emphasis is on getting young people to focus their interests.

As a resource person, Mr. Thompson estimates he will spend eight to 16 hours a month doing background work for the Explorers and attending their twice-monthly meetings. The advisor produces informational mailings to Explorers and interested young people and arranges for speakers and demonstrations at the meetings.

Tobie Chapman, Barnes nurse, served as the Explorer advisor until last month when a job change rearranged her schedule. She continues to work with the group, though, and says their programs are quite diverse, including such topics as a panel discussion on research in medicine, a psychiatrist, tours of the hospital and respiratory therapy demonstrations. "We try to expose the Explorers to all phases of health care so they can decide what they want to do," Ms. Chapman said.

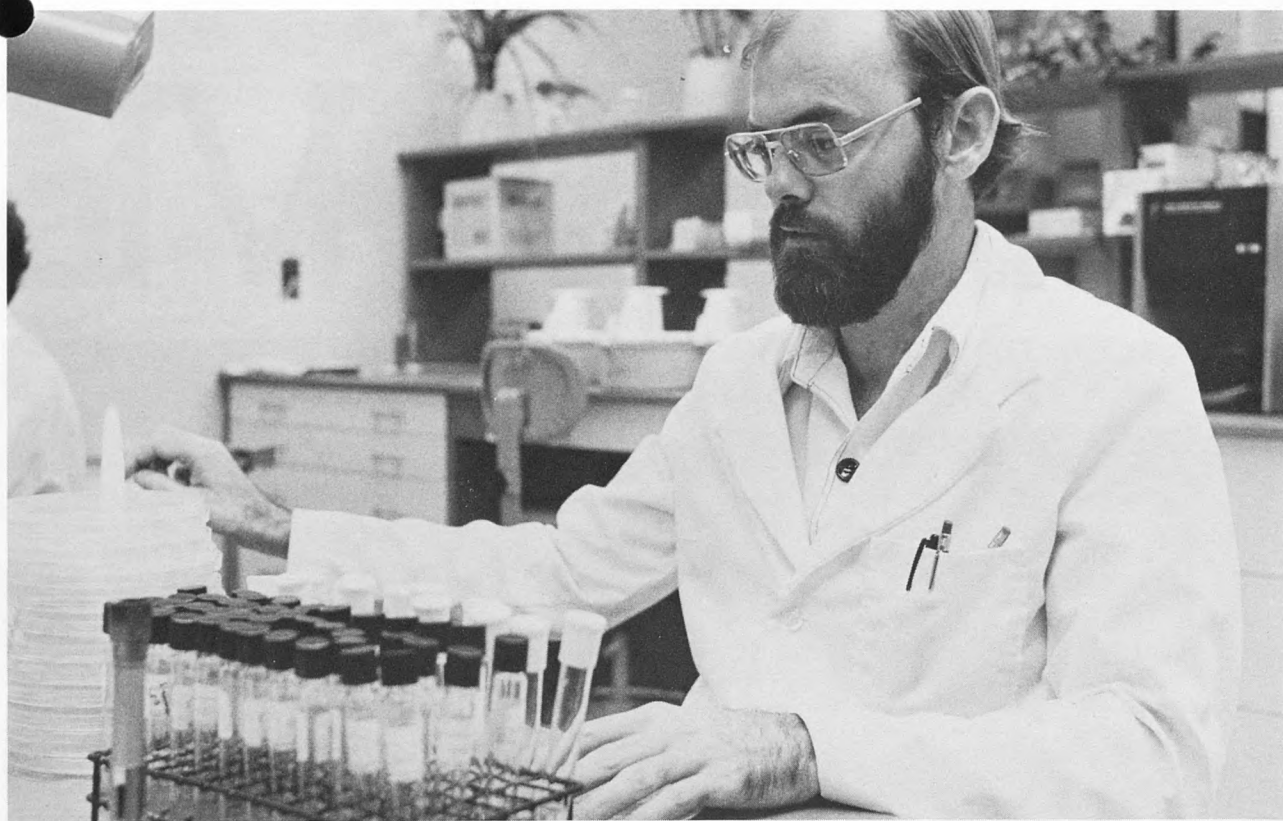
Barnes Explorers group has about 25 active members who meet on first and third Monday evenings in the East Pavilion auditorium.



Dr. Robert Lund, Barnes surgeon, surprised his patient, Grace Clark of Carrollton, Ill., with a cake on her 93rd birthday. Mrs. Clark, a patient on 7100, has been

a Barnes patient on 14 different occasions. With Dr. Lund and Mrs. Clark is Wilhelmina Robinson, LPN on 7100.





*John Munro performs various functions in Barnes labs.*

## Other side of world is home to John Munro

Come next spring, the name Barnes Hospital may ring a bell to some citizens of Rockhampton, Queensland, Australia. Late in March John Munro will return to his hometown after a year in the United States which included working at Barnes.

Mr. Munro, a native Australian, won one of 1,500 Rotary International scholarships that provide air fare and a small living allowance for study abroad. Mr. Munro is a medical technical officer with the Australian department of health and he is here to receive on-the-job training in an American hospital. Besides working, for which he receives no pay, Mr. Munro attends classes such as one sponsored by the American Red Cross on blood banking and one by Barnes on human relations.

San Francisco provided the first impressions of the U.S. for Mr. Munro, as he landed there on the first leg of his trek to St. Louis. He spent a day and a half sightseeing there before flying to the midwest.

Two things that struck him first about the U.S. were the friendliness of the people and the commercialism. Mr. Munro said he was amazed at the number of advertisements that bombard the American people—from the sides of buses and the backs of taxis (he said he even saw an ad painted on the street in the crosswalk).

Mr. Munro said the U.S. and Australia do not differ much in the specific area in which he works, medical laboratories. He said the Australian labs perform many of the same types of tests. But outside the laboratories, the medical worlds of the two countries are different.

"We have flying doctors in Australia," Mr. Munro said. "Although our population is smaller than the United States, about 14 million, our area is almost the same, so the people are rather spread out." The Royal Flying Doctor Service operates from ten bases scattered throughout the country. If a person becomes ill and is not near a doctor, the flying doctor is summoned and can arrive within hours.

Mr. Munro worked with the flying doctors at one time. "We held flying doctor clinics," he said. "The doctor would land the plane on a highway, set up a clinic and the people would come and get their shots."

The government uses the air in another way to provide schooling for children who live in the isolated areas of Australia. Two-way radios serve as classrooms and students communicate with teachers who are miles away.

The working worlds of the two countries differ, too, according to Mr. Munro. Most employees in Australia receive four weeks annual leave, or vacation. After ten years of employment, an employee receives an additional three months annual leave. The vacation benefits are in addition to a liberal sick leave policy which includes paternity leave for new fathers.

Besides the lack of vacations here, Mr. Munro has other things to which he must adjust. For one, our winter arrives during what is summer to him. His home, Rockhampton, has a climate similar to Florida, not similar to St. Louis. American light switches are reversed to him, too. In Australia, "up" is "off." And Mr. Munro has had to adjust to driving on the right-hand side of the road. But he has seen one thing in the U.S. to which he will not adjust.

Mr. Munro was watching the hot-air balloon race held last fall in Forest Park and noticed the Anheuser-Busch balloon featured flags from various countries. There, boldly painted on a hot-air balloon, was the one thing to which Mr. Munro will not adapt, and he notified brewery officials of his displeasure: the Australian flag was upside down.

## Interns complete dietetics program

Ten dietetic interns were graduated from the Barnes Hospital dietetic intern program October 28. They were honored by the hospital and by friends and relatives during ceremonies in Queeny Tower.

Presenting diplomas and pins were Kathy McClusky, director of dietetics, and Rich Grisham, associate director for professional services.

Graduates were: Susan Boggess, Oak Ridge, N.J.; Patricia Booth, Minneapolis, Minn.; Mary Clark, Caldwell, Idaho; Linda Garnon, Dayton, Ohio; Susan Garrison, Lincoln, Neb.; Gwen Grenager, Lolo, Mont.; Kathleen Kelley, Media, Pa.; Marie Hobson, Santa Barbara, Calif.; Julie Hodges, Austin, Texas; and Barbara Wong, San Diego, Calif.

## New lab computer system put into operation

Barnes new, expanded clinical laboratory computer system, installed in August, has been put into service, replacing the older computer.

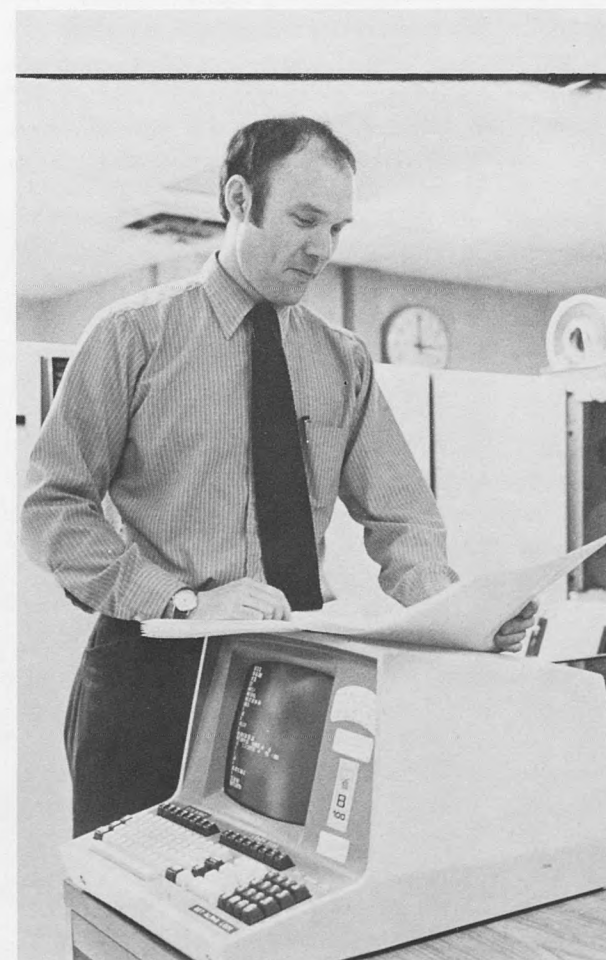
Dr. John Lewis, director of laboratory computing, explained that the previous system, installed in 1972, had become overloaded and obsolescent as the number of test results generated had more than doubled over the past five years. This increasing volume of patient data exceeded the system's storage capacity, and no further expansion of the system's hardware was possible. Its relative inflexibility also prevented the laboratories from implementing improved methods of quality control and reporting.

The expanded storage capacity of the new system allows all patient data to be retained online for a much longer period, permitting more rapid retrieval of results. The system will allow the labs to handle their current volume of more than five million results per year more efficiently and can be readily expanded to absorb the anticipated increases in laboratory tests in the future.

The new system will also be used to explore computer-aided interpretation of laboratory data, which could lead to more rapid diagnosis as well as a reduction in the cost of laboratory testing to the patient.

Benefits of laboratory computers are manifold, according to Dr. Leonard Jarett, director of Barnes labs. One of the most important advantages is the reduction of the likelihood of the two most common errors in any laboratory—clerical errors in transcribing results by hand and errors in specimen labeling. In addition, laboratory data can be reported to the physician more rapidly, legibly and concisely than with manual methods.

A very important benefit, Dr. Jarett points out, is enhanced quality control of laboratory testing. For example, the delta check program compares every result for each patient to that patient's prior results, flagging any discrepancies for further checking.



*Dr. John Lewis, director of laboratory computing, checks printout in room housing new laboratory computer.*



# RECOVER



*Dr. William Owens, anesthesiology, examines patient's progress.*



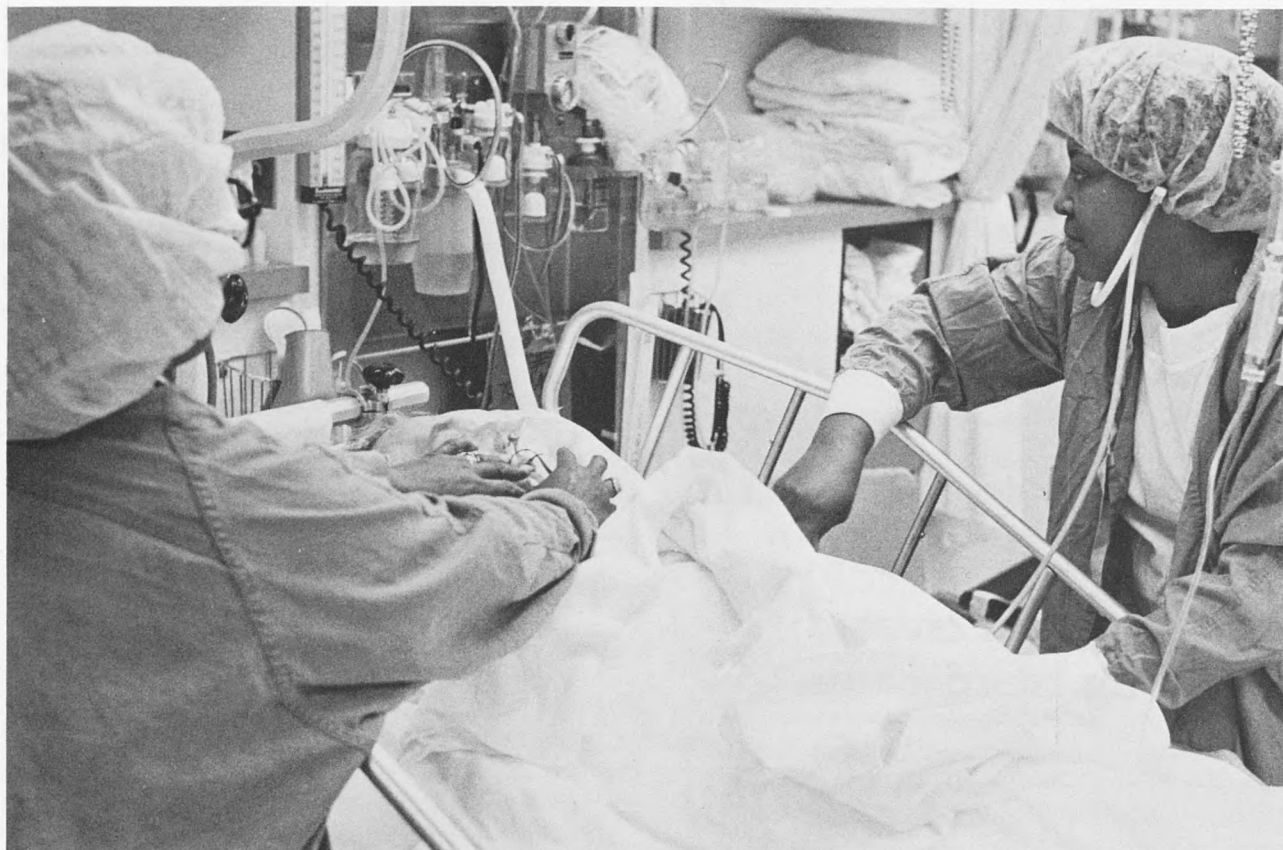
*Pam Rall, head nurse of Barnes recovery rooms.*



*Debbie Salem, RN, and Terry Long, nurse anesthetist, adjust equipment for patient in Rand Johnson recovery room.*



# RY ROOMS



Vivienne Dobbs, nurse assistant, and Onnie Randolph, LPN, attend to postsurgery patient.



Dr. Elsie Meyers, anesthesiologist, and Viola Curry, recovery room nurse, check patient after eye surgery.



Drs. Perry Schoenecker and William Borgsmiller, orthopedics, check x-rays of patient in recovery room.

As he begins to awaken from anesthesia, a patient first becomes aware of the attentive care he is receiving in the recovery room. But by then the nurses are nearing the end of their job. The hardest part is over.

Post-anesthesia patients require constant attention and care. The anesthesia has dulled their reflexes, and such basic functions as breathing need monitoring. As the patients begin to "wake up," they may be confused and almost certainly are in pain. They need all the care and tenderness that those around them can muster.

Barnes Hospital operates three post-anesthesia recovery rooms. One, outside the Rand Johnson operating rooms, cares for patients who have had operations ranging from plastic surgery to kidney transplants. Neurosurgery and ear, nose and throat patients recover in a room on the second floor of the East Pavilion; the third floor has a recovery room for gynecology patients. The three post-anesthesia recovery rooms share a rotating staff of 21 RNs, six LPNs and six nurse-assistants.

"The ideal recovery room nurse can handle an acute care situation with a lot of patience," said Pam Rall, head nurse of the recovery rooms. "The nurses in here also have to be able to work well under pressure."

In the Rand Johnson recovery room alone, the staff will care for 30 to 70 patients each day. That room is open 24 hours a day, with a smaller staff on duty at night. The second floor East Pavilion recovery room closes at 4:30 and the third floor room is closed by 8:30 p.m.

Patients spend a relatively short time in recovery, but they require extensive care during that period. When an operation is over, a member of the anesthesia staff brings the patient to the recovery room. There a recovery room nurse puts the patient on oxygen (except in cases where spinal anesthesia has been administered), takes the blood pressure and determines pulse and respiration rates. This information is given to the anesthesia staff.

The patient is covered with warm blankets, and the nurse checks the site of the surgery to make sure it is not bleeding. The initial examination is repeated every 15 minutes for as long as the patient remains in recovery, usually an hour or two. Some patients have had surgery that requires more specialized care, such as checking drains and IV's (almost all patients have IV's) and urine output.

The nurse's job entails far more than checking vital signs. A patient recovering from anesthesia may be on a respirator or cardiac monitor. Both pieces of equipment have alarms to alert the recovery room personnel when a problem begins to develop.

"We don't call 'codes' in the recovery room," Ms. Rall said. "Most of the time we can keep the situation in here from turning into an arrest." If a cardiac arrest does occur, expert medical care is close at hand.

As the patient progresses and the anesthesia begins to wear off, he may experience the "excitement phase" of recovery. During this phase the patient's limbs tremble or jerk and he makes noises. An extreme example of excitement Ms. Rall remembers occurred when a football Cardinal began to awake after surgery. "He had a broken leg and started to pound on the cast with his fist," Ms. Rall said. The petite nurse had to restrain him until other restraints could be applied. "I was afraid he was going to break the cast," she said.

Finally, the recovery room patient reaches the point when he can be transported back to his own room. A nurse and nurse-assistant accompany the patient to the nursing division. There, the recovery room nurse helps get the patient into bed and regulates the IV, if there is one. She then waits for the patient's nurse to come and fills that nurse in on the patient's condition.

"It's definitely a high stress job," Ms. Rall said. "You have to be able to take a lot of noise, be quick to keep up, be strong and able to make quick decisions." It's the recovery room nurse who reports any change in a patient's condition to the anesthesia staff or the doctor.

For instance, if a patient develops a clot in his leg the nurse must notice the drop in temperature of the leg and the change in color. The recovery room nurses are attuned to detail and decide what to do quickly in emergency situations.

Kay Viragh, RN, has worked in the recovery room for a little over a year. "I enjoy it a lot," she said. "You can give more personalized patient care. Two people cover two beds and that assures a continuity of care for the patient. The whole reason we're here is to save lives."

"It's a fast-moving job in here," said Christine Ransom, RN, who has worked in the recovery room for 22 years. "We see people come in and they're taken care of and at the end of the day we can assume everyone's on the road to recovery."

Vivienne Dobbs, nurse-assistant, a 16-year veteran in recovery, agrees that the job is exciting. "Also, I'm the type person who gets very attached to people. I like the closeness of working with the patients in here. I hope I never do any other type of nursing."

At the end of their eight-hour day, the employees in the recovery room agree the job is a difficult one. But they don't want easier jobs. "This is the kind of nursing I enjoy," Ms. Rall explained. "Your patients come in and you can see them progress. You really get a sense of accomplishment."



## Dr. Evens testifies on computed tomography

Dr. Ronald G. Evens, Barnes radiologist-in-chief, was one of three radiologists invited to testify about the proposed HEW national health planning guidelines regulating computed tomography. He presented his statement to the National Council on Health Planning and Development of the Health Resources Association and Congress on November 16.

Dr. Evens was asked to give his views on proposed guidelines that state that CAT scanners should perform a minimum of 2,500 procedures per year. The guidelines also specify that no new scanners would be approved in an area unless existing scanners were performing at a rate greater than 4,000 patients per year.

Dr. Evens testified that this would be unrealistic, citing a study he did of 74 of the 118 body scanners operating in the United States as of May, 1977. Most were doing about 32 scans per week, he said, with only a few doing 50. Yet they were operating five days a week and ten hours a day.

"Scans can't be performed on an assembly line basis," he said. "If you have to have a number," he suggested, "a requirement of 1,500 scans a year is more appropriate."

## NIH grant to fund Arthritis Center

A three-year, \$300,000 grant from the National Institutes of Health will fund an Arthritis Center here, one of 15 being established across the country.

Dr. Bevera Hahn, director of the Arthritis Center, said the major thrust will be educational and community programs. "Arthritis has not received the public's interest until recently. It isn't as dramatic as cancer or heart disease, yet it is one of the leading causes of absenteeism. It is not limited to older people; in fact some of the more common and crippling forms occur in children," she said.

One of the main responsibilities of the Center will be to educate students in medical, nursing and paramedical training programs in how to care for the arthritic patient. A series of videotapes is planned to inform arthritis patients about medication, quackery in arthritis, helpful exercises, operations available and self-help devices. Research into the prevention of bone softening that occurs in arthritis patients who receive longterm cortisone treatment is also funded.

## Dr. Albert Stutsman dies; was otolaryngologist

Dr. Albert C. Stutsman, Barnes assistant otolaryngologist, died of cancer November 11. He was 72 and had served on Barnes staff since 1935.

Dr. Stutsman was an expert at bronchoscopy and a member of the American Academy of Ophthalmology and Otolaryngology. He served for several years as chief of otolaryngology at St. Louis County Hospital.

After graduation from the University of Virginia Medical School in 1931, Dr. Stutsman came to St. Louis for specialty training in ear, nose and throat medicine at Barnes and St. Louis Children's Hospitals. In 1977 he was selected as an outstanding alumnus from his alma mater, Roanoke College.

Survivors include his wife, Mrs. Helen Eades Stutsman, a son, two daughters and a sister.



Beth Uhlman

## New position created: planning coordinator

Beth Uhlman, formerly a unit manager, has been named planning coordinator according to Barnes President Robert E. Frank. Ms. Uhlman will work closely with hospital planners, including the vice presidents and associate directors.

She is responsible for staying well-versed on the topic of health legislation, including regular contact with the local health systems agencies. Ms. Uhlman will also collect hospital data, make statistical analyses to determine trends and patterns in health care and develop ideas for making Barnes as efficient as possible.

Ms. Uhlman earned a bachelors degree in political science from the University of North Carolina at Chapel Hill and is now working for a masters degree in public policy administration. She is a native of Chapel Hill and served as administrative assistant for the president of a teaching hospital there. She and her husband, a political science instructor at the University of Missouri-St. Louis, moved to St. Louis in August, 1976.



Dr. Bernard Becker, Barnes ophthalmologist-in-chief, receiving prestigious Leslie Dana Gold Medal from Robert Leighninger, executive director of the St. Louis Society for the Blind. The presentation was made November 17 in recognition of Dr. Becker's outstanding leadership in the prevention of blindness.

## Barnes cardiologist addresses meeting

Dr. Robert Roberts, director of Barnes cardiac care unit, was one of four invited lecturers from throughout the world to address the Pan-American Medical Association meeting in Quayaquil, Ecuador, in October.

Dr. Roberts gave an overview of the work being done at Barnes regarding the sensitivity and specificity of CK isoenzymes in the diagnosis of myocardial infarction (heart attack) and their prognostic role in measuring the amount of damage.

Along with other Barnes cardiologists, Dr. Roberts also attended the annual meeting of the American Heart Association in Florida in December where he spoke on early diagnosis of myocardial infarction with a radioimmunoassay developed here by Drs. Roberts, Burton Sobel and Charles Parker.

In January he will address the Royal College of Physicians and Surgeons in Vancouver.

## Doctors notes

A panel of Barnes doctors discussed "Everything You Have Always Wanted to Know About Diabetes and Never Had the Opportunity to Ask" at St. Joseph Hospital in Kirkwood December 6. Dr. David Kipnis, Barnes physician-in-chief was moderator; Dr. William H. Daughaday, director of the Diabetes Research and Training Center; and Dr. Julio Santiago, co-director of the Center, also participated.

Dr. Florentina U. Garcia, assistant pediatrician, is on staff effective October 1, 1977.

Dr. Charles Kilo, Barnes physician, spoke on diabetic microangiopathy at the University of Puerto Rico on November 15. On December 2, he addressed the Fifth Annual Diabetes Symposium in St. Louis on "A New Perspective of the UGDP/Use of Oral Hypoglycemic Agents and Insulin."

The American Board of Oral Surgery has notified Dr. John Delfino, Barnes oral surgeon-in-chief, that the oral surgery residency program here has been fully accredited.

## Gluten-free cookbook now available

A cookbook devoted entirely to gluten-free cooking has been compiled for people who have celiac disease, sprue or a sensitivity to gluten. These conditions affect the digestive process and cause malabsorption of vitamins and nutrients leading to health problems, including gastrointestinal cancer. The only treatment is to eliminate all gluten, in the form of wheat, rye, barley and oatmeal, from the diet.

The book, *Gluten Free Cooking*, by Pat Garst, is the first of its kind and covers gluten-free baking and ways to convert standard recipes to make them gluten-free. It is available from P. O. Box 3797, Des Moines, Iowa, 50322, for \$4.95.

## Retired employee dies

Finian McDermott, a retired Barnes employee, died at the hospital November 26 as a result of lung and heart problems. Mr. McDermott worked in the optical shop in the eye clinic for 28 years prior to his retirement a year ago. He is survived by two brothers and a sister. Burial was in Calvary Cemetery.



## Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from Nov. 21 to Dec. 19, 1977.

### IN MEMORY OF:

**Dr. Albert C. Stutsman**  
Dr. & Mrs. Ross Sommer  
Fred H. Pillsbury  
Edward H. Bacon  
Dr. & Mrs. Joseph H. Ogura  
Mr. & Mrs. Elmer C. Teachenor  
Dr. Harold M. Cutler  
Dr. & Mrs. James H. Bryan  
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Dr. & Mrs. Fleming B. Harper  
Mr. & Mrs. Gilbert Early, Jr.  
Mr. & Mrs. Paul Ring  
Dr. H. K. Roberts  
Dr. & Mrs. Keith S. Wilson  
Mr. & Mrs. Carlyle V. Thomas  
Mrs. James O'Leary  
Miss Carolyn Wilson  
Mr. & Mrs. Stanley Hanks  
Mr. & Mrs. Dillon Trulove  
Dr. Robert Votaw  
Marian Sherrell  
Rianna Erker

**Martin Berry Helson**  
819 Maintenance Crew  
Alcoa Warrink  
Operations

**Gilbert E. Staubach**  
John J. Toscano  
Mr. & Mrs. Lodge Staubach  
Mr. & Mrs. William Elfers  
Doris L. Stolz  
Mr. and Mrs. Hedvig DeVoist  
Charles N. Staubach  
Mr. & Mrs. F. Jones  
Mr. & Mrs. V. Stahor  
Barbara & Florence Heisinger

**Bradford Shinkle, Jr.**  
Dr. & Mrs. Joseph H. Ogura

**Mrs. Robert Votaw**  
Dr. & Mrs. Joseph H. Ogura

**Bertha Hall**  
Aline V. Holmes

**Francis Wetta**  
Aline V. Holmes

**Mrs. Lucille Palank**  
Aline Holmes

**James C. Burton**  
St. Louis State Hospital  
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Marge Bennett  
Marvin Green  
Dora Kolker  
Bill Meyer  
Ronnie Nardoni  
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Karen Kolker  
Jean Hoffman  
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Betty Shilbert  
Norma Hope  
Jackie Foster  
Ruth Newsome  
Yvonne Bonner  
Estelle Degonia  
Marion Ford  
Judy Combs  
Marsha Bassett  
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Ida West  
*Administration - L Bldg.*  
Ophellia Wilson  
Burt Purk  
Dolores Anderson  
*Day Hospital*  
Barbara Wyrock  
Haron Kusama  
Tom Whaley  
Velma Becks  
Daverda Williams  
Odell Thomas  
Alicia Gonzahlez

**John Wakins**  
Robert H. Aller

**Mr. Walston Chubb**  
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**Dawn Welsh**  
Ceil Clayton Shecker

**Theodora Giesecke**  
Helen Chua  
Kathy McClusky  
Sylvia Rajnoha  
Phil Kreutz  
Julie Scheel  
Melba Mehrhoff  
Dorothy May  
Bobbie Zill  
Judy Shanklin

**Helen Jones**  
Alfred Jones, Sr.

**Dan Menser**  
Mr. & Mrs. Joe W. Rickman

**Edward A. O'Neal**  
Dr. R. Emmet Kelly

**Dr. Oscar Hampton, Jr.**  
Dr. & Mrs. James H. Bryan  
Mrs. F. H. Disbrow  
Dr. & Mrs. Henry G. Schwartz  
Dr. & Mrs. Thomas Ferguson

**Henry Moss**  
Dr. & Mrs. Henry G. Schwartz

## Annual Fund

Mr. & Mrs. Gene K. Beare  
Dr. Richard Carlin  
Clara A. Drefs  
A. David Evans  
Joseph Fischman (in Memory of Blanche Fischman)  
Difnry M. Harris  
Ms. Cyril Hartmann  
Thomas W. McMahon  
Anthony J. Molner  
Mrs. J. Soest  
Miss Eloise McLaran Sawyer  
Mr. Charles A. Gmoser  
Mr. George E. Lister  
Mr. Philip Egilsrud  
Clara Dworzynski  
Sol Steinberg  
Audrey Bailey  
Mr. & Mrs. Thomas M. O'Brien  
Thomas J. Shannahan  
Dr. and Mrs. Anton J. Hummel  
Mrs. Sol Wolff  
Elvan C. Snyder  
Emanuel Suessmann  
Mrs. Ruth Soffer  
Miss Billie Linder  
Mr. & Mrs. Carew W. Sanders  
Marcella M. Kennedy  
Mrs. Ann Oglander  
Mrs. Ralph F. Piper  
Mr. & Mrs. William E. Wilbanks  
Opal Glandt  
Mrs. Eleanor Horton Harford  
Ruth R. Kurlander  
Mr. & Mrs. Sam Pisoni  
Mrs. Idale Cordes  
Paul Dalba  
Ruby J. Cobb  
Mr. & Mrs. M. L. Moss  
Dudley Cherry

## Patient Care Fund

Lucille L. Boden  
William J. Dennis  
Mrs. Delores Kavono  
Mrs. Patricia Kloepfer  
Mrs. Stella Doepke  
Arthur Werre, Jr.  
Mrs. Aileen Holman  
Mr. & Mrs. David A. Dowdy  
Mrs. Eleanor Murphy  
Mr. & Mrs. Charles Turigliatto

## Earl Wilson Memorial Endowment Fund

Gordon Burroughs

**George H. Walker, Jr.**  
W. R. Persons

**IN HONOR OF:**  
**For Cancer Research for Children**  
Publicus Club at Patricia Stevens Career College

**Eye Clinic**  
Mrs. Nick Podoba

**Charlotte, John, and Hildegard for Christmas**  
Mr. & Mrs. John H. Schwarz and Daughter

**Barnes Hospital**  
Mr. & Mrs. Ralph Brandenburger

Robert W. Hammerstein, Jr.  
Newell A. Augur  
Wilson J. Scharr  
Mr. & Mrs. Tom J. Connolly  
Louis Silverman  
Robert M. Horton, Jr.  
Mr. & Mrs. Willis R. Wilson  
Gertrude Taylor  
Olivia Stevenson  
Wilbur C. Thurman  
Dr. Benjamin B. Blass  
Clarence O. Baur  
Mr. & Mrs. Robert L. Standridge  
W. W. Drake  
Mr. & Mrs. Thomas DiMaggio  
Mr. & Mrs. Sam Toscano  
Mr. & Mrs. James A. Maritz  
Don V. Roloff  
Dr. and Mrs. John E. Hobbs  
Mr. & Mrs. Bernard Mellitz  
Mr. & Mrs. Lloyd E. Montgomery  
Leona Evers  
Mr. & Mrs. Hugh C. Webster  
Mr. & Mrs. Z. Glen Jones  
Harold Lewin  
Anonymous  
Mr. & Mrs. H. H. Kelly  
Lester G. Leutwiler  
Russell E. Nelson  
Mr. & Mrs. Daniel R. Dresner  
James J. Murphy, Jr.  
Mrs. Francis L. Adams  
Emil Carabelli  
Bernard Edelman  
Mr. & Mrs. Walter J. Klein  
Mr. & Mrs. Louis Miriani

Mrs. Christy M. Farrar  
Mrs. Harriet W. Frank  
Mr. & Mrs. Rae K. Thurman  
William H. Deal  
Blanche Jeude  
Gertrude Mollin  
Mr. & Mrs. Robert A. Ridgway  
Richard E. Longmire

## Planned Gift Endowment Fund

John L. Maxwell  
Richard G. Nussmeyer  
Mrs. Ora Smith  
Benetia Jahle  
Philip C. Kopitsky  
Flossie Taylor

Dr. Ruth Ellis Lesh (in honor of Dr. Kenneth Arnold)  
Mr. & Mrs. Hudson B. Binnington  
Viola Reynolds

## Emergency Service Fund

Mary T. Heinbecker

## Memorial Endowment Fund

Barnes Pharmacy  
Mr. & Mrs. Clem H. Keshner  
Andrew J. Bert  
Mr. & Mrs. Harold Hastings  
Mary T. Heinbecker (in memory of Dr. A. C. Stutsman & Dr. Edwin F. Gildea)

Joseph T. Greco (in memory of Raymond J. Pollard)  
Mary G. Berra  
Anna T. Singer  
Bernice A. Krieg (in memory of the saving of her son's life some 40 years ago)

## John and Anne Lehmann Memorial Endowment Fund

Anne Lehmann

## Manufacturer's Steel Supply Co., Inc. Endowment Fund

Robert Isaacs

## Dr. Oscar Hampton dies; was emeritus surgeon

Emeritus orthopedic surgeon Dr. Oscar P. Hampton, Jr., died December 9 after a brief illness. Dr. Hampton was 72.

A leader in his field, Dr. Hampton wrote a number of books and articles about orthopedic surgery. He retired from active practice in 1968 to serve as assistant director of the College of Surgeons and director of the college's Trauma Division. He was also a member of the national Medic-Alert advisory board.

Dr. Hampton was graduated from the University of Tennessee Medical School in 1928 and had served on Barnes staff for 38 years. In 1968 he received the Distinguished Surgeon Award of the National Safety Council. He was voted the 1971 Physician of the Year by the Ambulance Association of America and received the 1976 Distinguished Service Award of the American College of Surgeons.

Survivors include his wife, Thelma, a son, four daughters, a sister and a brother, Dr. Stanley F. Hampton, a Barnes assistant physician.

## Barnes cardiologist Dr. Robert Koch IV dies

Dr. Robert E. Koch, IV, a Barnes assistant physician, died November 12 at his home after a heart attack. Dr. Koch, who was 64, donated his body to the Washington University School of Medicine.

Graduated from the School of Medicine in 1940, Dr. Koch had served on Barnes staff since 1952. He was a past-president of the Missouri Society of Internal Medicine. Dr. Koch's great uncle was Robert Koch, the Nobel Prize-winning bacteriologist who isolated the bacillus of tuberculosis.

Dr. Koch is survived by his former wife, Mrs. Elva Hart Koch, three daughters and a sister.

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**Daisy Kramer** Editor

**Anne Albrecht** Assistant Editor

**Jim Hubbard** Director

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The 13 nurse-interns who completed the program were honored at a tea in the nurses residence. Seated, left to right: Mary Kay O'Brien, instructor, Jill Cohen, Candy Call, Sue Chivers, Cara Brinkley, Nancy Blent-

linger, Jan Kuehner, instructor. Standing: Diane Krause, Joyce Kolnick, Lynn Jensen, Gayle Bodine, Jean Loncrini, Penny Bari, Mary Arink, Brenda Mudd. Nine have elected to stay on Barnes staff.



Barnes house staff officers were guests of the hospital at a Christmas reception held in Queeny Tower.

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